



# TOCCOA FALLS COLLEGE

## Office of Financial Aid

107 Kincaid Dr MSC 900 Toccoa Falls, GA 30598

Email: [finaid@tfc.edu](mailto:finaid@tfc.edu) Phone: (706) 914-8681 Fax: 706-282-6041

### Unusual Circumstance Adjustment Request

*Student's Last Name*

*Student's First Name*

*Student's DOB*

When you completed the Free Application for Federal Student Aid (FAFSA), the questions in the student status section determined that you were required to apply for financial aid as a dependent student. Financial Aid Administrators have the authority to change a student's dependency status, based on supporting documentation, from dependent to independent in cases of unusual circumstances.

Please read the following information carefully before submitting this form:

- Not all unusual circumstance adjustment requests are granted.
- A successful change in dependency status depends on the information that you are able to provide. When approaching this request, it is better to provide too much information than too little.
- The following includes examples of extreme, unusual circumstances that MAY warrant a change in dependency status:
  - Parental Abandonment
  - Parental Drug Abuse
  - Parental Mental Incapacity
  - Physical or Emotional Abuse
  - Parental Incarceration or Institutionalization
- The following includes examples of circumstances that CANNOT be used to change dependency status per federal guidelines:
  - Parent refuses to contribute to educational costs
  - Parent is unwilling to complete FAFSA or supply verification documents
  - Parent does not claim student as dependent for tax purposes
  - Student demonstrates total self-sufficiency
  - Student does not live with parents

If you believe that your circumstance fits the criteria for a change in dependency status, please submit the following documentation:

- 1) A signed and dated copy of this form.
- 2) A typed, detailed statement explaining your extreme, unusual circumstances.
- 3) Two signed statements confirming the circumstances described in your written statement. One statement must be from a professional third party (e.g., clergy member, employer, social worker, attorney, counselor, or psychologist). The other statement may be from a relative or family friend.
- 4) Any other documentation that you believe with help demonstrate your independence.

By signing below, you certify that you have carefully read this form and that all documentation provided to support this request is true and accurate. Providing false or deliberately misleading statements is a violation of federal law and may result in a prison sentence, fines, or both. The Toccoa Falls College Office of Financial Aid reserves the right to request any additional documentation that may be necessary in making this determination. Failure to submit all requested documentation will result in a denial of the request. Please note that all decisions are final.

*Student's Signature*

*Date*

*Student's Name (Please Print)*

Submit this form to:  
**Office of Financial Aid**  
**107 Kincaid Drive MSC 900**  
**Toccoa Falls, GA 30598**  
**[finaid@tfc.edu](mailto:finaid@tfc.edu) • 706-914-8681 • 706-282-6041 (Fax)**